

New Jersey Public Employment Relations Commission
NON-POLICE AND FIRE
COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line #

SECTION I: Parties and Term of Contracts

| | | | | |
|---|--------------------------|--------------------------------------|------------------------------|-------------------------------|
| 1 | Public Employer: | <u>Linwood Board of Education</u> | County: | <u>Atlantic</u> |
| 2 | Employee Organization: | <u>Linwood Education Association</u> | Number of Employees in Unit: | <u>130.96</u> |
| 3 | Base Year Contract Term: | <u>07/01/13 to 06/30/16</u> | New Contract Term: | <u>07/01/2016 to 06/30/19</u> |

SECTION II: Type of Contract Settlement (please check only one)

- 4 ☒ Contract settled without neutral assistance
- 5 ☐ Contract settled with assistance of mediator
- 6 ☐ Contract settled with assistance of fact-finder
- 7 ☐ Contract settled with assistance of super-conciliator
- 8 If contract was settled in fact-finding, did the fact-finder issue a report with recommendations?
- Yes ☐ No ☐

SECTION III: Salary Base

The salary base is the cost of salaries in the final year of the expired or expiring agreement. This is the base cost from which the parties negotiate the salary increases.

| | | |
|----|------------------------------|-------------------|
| 9 | Salary Costs in Base Year | \$ <u>7209732</u> |
| 10 | Longevity Costs in Base Year | \$ <u>14463</u> |
| 11 | Total Salary Base | \$ <u>7224195</u> |

SECTION IV: Salary Increases for Each Year of New Agreement*

| | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
|---|-------------------|-------------------|-------------------|--------|--------|
| 12 Effective Date (month/day/year) | <u>07/01/2016</u> | <u>07/01/2017</u> | <u>07/01/2018</u> | | |
| 13 Cost of Salary Increments (\$) | <u>137399</u> | <u>146592</u> | <u>145303</u> | | |
| 14 Salary Increase Above Increments (\$) | <u>142191</u> | <u>110158</u> | <u>108420</u> | | |
| 15 Longevity Increase (\$) | <u>6840</u> | <u>6200</u> | <u>2000</u> | | |
| 16 Total \$ Increase (sum of lines 13-15) | <u>286730</u> | <u>262950</u> | <u>2553875</u> | | |
| 17 New Salary Base (\$) | <u>7510925</u> | <u>7773875</u> | <u>8029598</u> | | |
| 18 Percentage increase over prior year | <u>4% - 3.5%</u> | <u>3.5</u> % | <u>3.25/3.5</u> % | | |

*If contract duration is longer than five years, please add an additional page.

SECTION V: Increases in Other Contractual Economic Items or Newly Added Economic Items*

| 19 | Item Description | Base Year Cost (\$) | Year 1 Increase (\$) | Year 2 Increase (\$) | Year 3 Increase (\$) | Year 4 Increase (\$) | Year 5 Increase (\$) |
|----|------------------|------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| | None | | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 20 | Totals(\$): | | | | | | |

**If contract duration is longer than five years, please add an additional page.*

SECTION VI: Medical Costs

| | Base Year | Year 1 |
|--|-----------|-----------|
| 21 Health Plan Cost | \$2024625 | \$2539010 |
| 22 Prescription Plan Cost | \$544704 | \$n/a |
| 23 Dental Plan Cost | \$113628 | \$113628 |
| 24 Vision Plan Cost | \$25000 | \$25000 |
| 25 Total Cost of Insurance | \$2707957 | \$2677638 |
| 26 Employee Insurance Contributions | \$562284 | \$555918 |
| 27 Employee Contributions as % of Total Insurance Cost | 21 % | 21 % |

Employer: Linwood Board of Education

Employee Organization: Linwood Education Association

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Section VI: Medical Costs (continued)

28 Identify any insurance changes that were included in this CNA.

Salary increases for teaching staff was 4%, 3.5% and 3.25%

Salary increases for support staff was 3.5% each year

District health plan changes from separate Health Direct 10 and prescription plan to Base plan of Direct 15 MMrx.

SECTION VII: Certification and Signature

29 The undersigned certifies that the foregoing figures are true:

Print Name:

Teri J. Weeks

Position/Title:

School Business Administrator

Signature:

Teri J. Weeks

Date:

12-9-2016

Send this completed and signed form along with an electronic copy of the contract and the signed certification form to: contracts@perc.state.nj.us

NJ Public Employment Relations Commission

Conciliation and Arbitration

PO Box 429

Trenton, NJ 08625

Phone: 609-292-9898

Revised 8/2016

Certification

I declare to the best of my knowledge and belief that the attached document(s) are true electronic copies of the executed collective negotiations agreement(s) and the included summary is an accurate assessment of the collective bargaining agreement for the term beginning 7-2016 thru 6-30-2019.

Employer: Linwood Board of Education
County: Atlantic
Date: 12-9-2016
Name: Teri J. Weeks
Print Name
Title: School Business Administrator
Teri J. Weeks
Signature